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NO. 5498

NOV 1 3 2006

Docket Number: AD6907WOPCT

DECLARATION and POWER OF ATTORNEY

As a below-name	ed inventor, i hereby declare that:					···
My residence, po	est office address and citizenship are	as stated	i below next to my	name.		
I believe I am the below) of the sub	e original, first and sole inventor (if eject matter which is claimed and for	only one which a p	name is listed belo eatent is sought on	ow) or an original, firs the invention ontitled:	at and joins inventor (if plural	names ere listed
	LAMINATED SAFETY GLASS					
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!	of which is structed hereto unless th		•			
no belif saw 🔽	20 August 2003 as U.S. Applik	sallon No.	- <u></u>	or PCT Interna	donal Application No. PCT	/US03/26193
	amended on		(lí applicable).			
I hereby state the	at I have reviewed and understand	the conf	lents of the above	Identified specification	on, including the claims, as	amended by any
l acknowledge th	e duty to disclose Information which	is known	to me to be materia	ol to patentability as de	efined in 37 CFR § 1.56.	
I hereby claim fo § 385(a) of any identified below.	reign priority benefits under 35 U.S PCT International application which by checking the box, any foreign ap application on which priority is claim	.C. § 118 designa plication i	(a)-(d) or § 385(b)	of any foreign applic	ation(s) for patent or invent	w and hove elec
Applica	tion No. Co	nuntry	F	-Ning Date	Priority Claimed (Yes	'Ne)
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I hereby claim the	beneft under 35 U.S.C. § 119(e) of	eny Unit	ed States Provision	rel Application(s) listed	1 below.	
	U.S. Provisional Application	No.			U.S. Filing Date	
	60/404700 60/483515				20 August 2002	
	00400010				26 June 2003	•
application or PC Information which prior application a	the henefit under 35 U.S.C. § 120 of a tad below and, insolar as the subje- T International Application in the it is known to me to be material to p and the national or PCT International attention.	ect matter anner pro atentabilit filing date	r of each of the cli wided by the first ; was defined in 37	Rims of this application Palagraph of 35 U.S.: OCD 5.1.56 which has	on is not disclosed in the pr	ior United States
POWER OF ATTI in the Palent and	ORNEY: I hereby appoint the follow Trademark Office connected therew	ing attom ith:	ey(s) and/or agent	(s) the power to proce	cute this application and trai	18act all business
Name: MARK	D KULLER			Registration No.:	41,128	1
Send corresponde (elephone calls to					Tel. No.	
		E.I. d	u Pont de Nemous - Pălenis	rs and Company	302-892-1354	
	D KULLER		ngton, DE 19898,	U.Ŝ.A.	Fax No. 302-992-3257	
or imprisonment,	hat all statements made herein of m ther that these statements were mo or both, under Section 1001 of Tide or any patent issuing thereon.				made on Information and b	
			INVENTOR(S)			
Full Name of Inventor	Leat Name ELWAKIL		First Name HAMDY A.	_	Middle Name	
	Signature (please sign full name):	Ha		Elwala	Date: //- 1- 2	2056
Residenca &	City		State or Foreign		Country of Citizenship	
Citizenship Post Office	HOCKESSIN Post Office Address		DELAWARE		us	
Address	10 RIVENDELL COURT		HOCKESSIN		State or Country DELAWARE	Zlp Code 19707
	_L		<u> </u>	<u> </u>		

Rev. 06/95

Docket Number: AD6907WQPCT

DECLARATION and POWER OF ATTORNEY

As a below-named	inventor, I hereby declare that:						
My residence, pos	t office address and citizenship are a	s stated	below next to my	name.			
I believe I am the below) of the subje	original, first and sole inventor (if or ect matter which is claimed and for wi	nty one r hich a pa	name is listed belo alent is sought on t	ow) or an original, first the invention entitled:	t and Joint Inventor (if p	ilural nam	es are listed
DECORATIVE	LAMINATED SAFETY GLASS						
the specification of	which is attached hereto unless the	following	box is checked:				
5	20 August 2003 as U.S. Applica		-	or PCT Internat	ional Application No	PCT/US	03/26193
and was at	mended on	(1	f applicable).			_	
amendment referre				-			nded by any
	duty to disclose information which is						
§ 365(a) of any P	ign priority benefits under 35 U.S.C CT International application which or checking the box, any foreign appli	designat	ed at least one c	ountry other than the	United States listed	below an	d have also
before that of the a Applicati	pplication on which priority is claimed on No. Cour		F	iling Date	Priority Claimed (Yes / No)	
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United States, liste application or PCT information which is	benefit under 35 U.S.C. § 120 of any old below and, Insofar as the subject International Application in the mar is known to me to be material to pau d the national or PCT International fil fron No.	t matter noer prov entability ling date	of each of the cla vided by the first p as defined in 37	aims of this application paragraph of 35 U.S.C CFR § 1.56 which bed	n is not disclosed in th C. § 112, I acknowledge	ne prior U e the duty	nited States to disclose
	RNEY: I hereby appoint the following rademark Office connected therewith		y(s) and/or agent(s) the power to prosec	cute this application and	l transact	all business
Name: MARK D	KULLER			Registration No.:	41,126		
Send corresponder telephone calls to:	ce and direct		Pont de Nemour	rs and Company	Tel No. 302-892-135	4	
MARK D	KULLER		Patents Igton, DE 19898,	U.S.A.	Fax No. 302-992-325	7	
to be true; and furth or imprisonment, or	at all statements made herein of my ter that these statements were made both, under Section 1001 of Title 18 any patent issuing thereon,	with the	a knowledge that v	villful false statements	and the like so made a	are punish	able by tine
			INVENTOR(S)				
Full Name of Inventor	Last Name ELWAKIL		First Name HAMDY A.		Middle Name		
The second of	Signature (please sign full name);		·	· · · · · · · · · · · · · · · · · · ·	Date:		
Residence &	City HOCKESSIN		State or Foreign	Country	Country of Citizensi	hip	
Citizenship Post Office	Post Office Address		DELAWARE City		US State or Country		Zip Code
Address	10 RIVENDELL COURT		HOCKESSIN		DELAWARE		19707

Additional Inventors are being named on separately numbered sheets attached hereto.

DECLARATION AND POWER OF ATTORNEY - Page

Docket Number: AD6907WOPCT

		INVENTOR(5)			
Full Name of Inventor	Last Name ROMAN	First Name RONALD	Middle Name		
	- Charles - Charles		Date: ///01/06		
Residence & Citizenship	City HOCKESSIN	State or Foreign Country DELAWARE	Country of Citizenship US		
Post Office Address	Post Office Address 13 WOODRIDGE DRIVE	City HOCKESSIN	State or Country DELAWARE	Zip Code 19707	
Full Name of Inventor	Last Name SMITH	First Name REBECCA L.	Middle Name		
	Signature (please sign full name):		Date:		
Residence & Citizenship	City VIENNA	State or Foreign Country WEST VIRGINIA	Country of Citizenship US		
Post Office Address	Post Office Address 8 MERRYWOOD LANE	City VIENNA	State or Country WEST VIRGINIA	Zlp Code 26105	
Full Name of Inventor	Last Name TANG	First Name CHAUCER C.	Middle Name		
The same	Signature (please sign full name):		Date:		
Residence & Citizenship	City KENNETT SQUARE	State or Foreign Country PENNSYLVANIA	Country of Citizenship US		
Post Office Address	Post Office Address 407 MANOR DRIVE	KENNETT SQUARE	State or Country PENNSYLVANIA	Zip Code 19348	
Full Name of Inventor	Last Name	First Name .	Middle Name		
	Signature (please sign full name):		Date:		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship		
Post Office Address	Post Office Address	City	State or Country	Zip Code	
Full Name of Inventor	Last Name	First Name	Middle Name	. Ł	
Of Inventor	Signature (please sign full name):	Signature (please sign full name): Date:			
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship		
Post Office Address	Post Office Address	City	. State or Country	Zip Code	
Full Name of Inventor	Last Name	First Name	Middle Name		
		Signature (please sign full name):		Date:	
Residence & Citizenship	City	State or Foreign Country	Country of Cltizenship		
Post Office Address	Post Office Address	City	State or Country	Zip Code	

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DECLARATION and POWER OF ATTORNEY

As a below-named	invontor, I hereby declare that:			•	
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	ariginal, first ond sole inventor (if or occurrence which is claimed and for which			end joint inventor (if plural n	amos are listed
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was filed on2	20 Avgust 2003 as U.S. Applica	ilon No	er PCT internation	onal Application No. PCT/	US03/26193
	monded on	(If applicable).			
I hereby state that smendment referre	l i have reviewed and understand to do abové.	the contents of the above	identified specification	including the claims, estai	
	duty to disclose information which is				
§ 365(a) of any P dentified below, by	agn priority benefits under 35 U.S.C GT International application which y checking the box, any foreign appl	dosignated at least one (ication for patent or invent	country other than the	United States, listed below	and have elso
Sefore that or the a	polication on which priority is claims ion No. Cou	o. Intry	Filing Date	Priority Claimed (Yes / I	<u>vo)</u>
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in the Patent and T	RNEY: I heroby appoint the following redemark Office connected therewill	n:	its) the power to prosuct	ute this application and trans	lact all Dusiness
	KULLER	<u> </u>	Registration No.: 4	11,126	
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MARK D	KULLER	Legal - Patents Wilmington, DE 19898	. U.S.A.	Fax No. 302-992-3257	
to be true; and furti of imprisonment, or	at all statements made herein of my her that these statements were made r both, under Section 1001 of Title 1 r any patent issuing thereon.	e with the knowledge that	sinemetal odki krijiw	and the like so made are ou	nishable by line
		INVENTOR(S)			
Full Name	Last Namo ELWAKIL	First Name HAMDY A.		Middle Name	
of Inventor		MAMDY A.	· · · · · · · · · · · · · · · · · · ·	Date:	
Residence &	City	State or Foreign	Country	Country of Citizenship	
Citizenship Post Office	HOCKESSIN Post Office Address	City		State or Country	Lip Code
Add/ess	10 RIVENDELL COURT	HOCKESSIN		DELAWARE	19707
Additional Inve	nlors are being named on separately	numbered shoots attache	ed hereto.	1	

DECLARATION AND POWER OF ATTORNEY - Page

Docket Number: AD6907WOPCT

			INVENTOR(S)		
	Foil Name of Inventor	Last Name ROMAN	First Name RONALD	Middle Name	
		Signature (please sign full name):	Date:	Date:	
	Residence & Citizenship	GIIY	State or Foreign Country DELAWARE	Country of Citizonship US	
	Post Office Address	Post Office Address 13 WOODRIDGE DRIVE	City HOCKESSIN	Steps or Country DELAWARE	∑ρ Code 19707
	Full Name of Inventor	Last Name SMITH Signatury (glopke sign full name):	First Name RESECCA L.	Middle Name	,
	The second	BUNUX 77X	mu	Country of Citizen Ship	
	Residence &	VIENNA	State or Foreign Country WEST VIRGINIA	US /	
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	Full Name of inventor	Last Name TANG	First Name . CHAUCER C.	Middig Nome	
		Signature (ploase sign full name):		Date:	•
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	Full Name	Last Name	First Name	Middle.Name	- !
	of Inventor	Signature (please sign full name):	Date:		
	Residence &	City	State or Foreign Country	Country of Citizenship	
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	of Inventor	Signature (please sign full name):	Dale;		
	Residence &	City	State or Foreign Country	Country of Citizenship	
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Rev. 06/96

Docket Number: AD6907WOPCT

DECLARATION and POWER OF ATTORNEY

As a below-named I	nventor, I hereby declare that:				
	office address and citizenship are as				
I believa I am the o below) of the subject	niginal, first and sole inventor (if on it metter which is claimed and for wh	y one name is listed ich a patent is sought	below) or an original, first ar on the invention entitled:	nd Joint Inventor (if plural лат	es are listed
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United States, liste application or PCT information which is prior application which is prior application and Application in the Patent and Tower MARK D. Send corresponder telephone calls to: MARK D. I hereby declare the to be true; and further to be true; and further to function of the application of the applicati	d below and, insofar as the subject International Application in the man is known to me to be material to pate the national or PCT International files No. RNEY: I hereby appoint the following rademark Office connected therewith KULLER are and direct. KULLER at all statements made herein of my her that these statements were mader both, under Section 1001 of Title 1 or any patent issuing thereon. Last Name ELWAKIL Signature (please sign full name): City HOCKESSIN	in matter of each of the inner provided by t	Registration No.: 4 Registrat	is not disclosed in the phor to § 112, I acknowledge the dut me available between the filin status the this application and transact 1,126 Tel. No. 302-892-1354 Fax No. 302-992-3257 made on information and belief and the fixe so made are punitale statements may jeopardize wildeline Name Oate: Country of Citizenship US	t all business are believed

DECLARATION AND POWER OF ATTORNEY - Page

Docket Number: AD6907WOPCT

		INVENTOR(S)			
Full Name	Last Name	First Name	Middle Name		
of inventor	ROMAN	RONALD		<u> </u>	
	Signature (please sign full name):		Date:		
Residence &	City	State or Foreign Country		Country of Citizenship	
Citizenship	HOCKESSIN	DELAWARE	US CONTRACTOR	Zip Code	
Post Office	Post Office Address	City	State or Country	19707	
Address	13 WOODRIDGE DRIVE	HOCKESSIN	DELAWARE	19707	
Full Name	Last Name	First Name	Middle Name		
of Inventor	SMITH	REBECCAL			
	Signature (please sign full name):	{	Date:		
Residence &	City	State or Foreign Country	Country of Citizenship		
Citizenship	VIENNA	WEST VIRGINIA	US		
Post Office	Post Office Address	City	State or Country	Zip Code	
Address	8 MERRYWOOD LANE	VIENNA I	WEST VIRGINIA	26105	
Full Name of Inventor	Last Name TANG	First Name CHAUCER C.	Middle Name	1	
OT BLARWOI	Signature (please sign full name):	Tan	Date: /0 / 30 / 06 .		
Residence &	City	State or Foreign Country	Country of Citizenship		
Citizenship	KĚNNETT SQUARE	PENNSYLVANIA	US		
Post Office	Post Office Address	City	State or Country	Zip Code	
Address	407 MANOR DRIVE	KENNETT, SQUARE	PENNSYLVANIA	19348	
Full Name of Inventor	Last Name	First Name	Middle Name		
Of Breezings	Signature (please sign full name):		Date:	-	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship		
Post Office Address	Post Office Address	Gity	State or Country	Zip Code	
Full Name	Last Name	First Name	Middle Nama		
of Inventor	Signature (please sign full name):		Date:		
Residence &	City	State or Foreign Country	Country of Citizenship		
Chizenship Post Office	Post Office Address	City	State or Country	Zip Code	
Address	, ast office waters				
Full Name of Inventor	Last Name	First Name	Middle Name		
er criterio	Signature (please sign full name):		Date:		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship		
Post Office Address	Post Office Address	City	State or Country	Zip Code	